

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/518520
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51	1					
2	1							52	1					
3		2						53		1				
4		2						54		1				
5		2						55	1					
6		2						56	1					
7		2						57		1				
8		2						58		1				
9		2						59		1				
10		2						60		1				
11		2						61						
12		2						62						
13		2						63						
14		2						64						
15		2						65						
16		2						66						
17		2						67						
18		2						68						
19		2						69						
20		2						70						
21	1							71						
22	1							72						
23		2						73						
24		2						74						
25		2						75						
26	1							76						
27		2						77						
28		2						78						
29		2						79						
30		2						80						
31	1							81						
32	1							82						
33	1							83						
34	1							84						
35	1							85						
36	1							86						
37	1							87						
38	1							88						
39	1							89						
40	1							90						
41	1							91						
42	1							92						
43	1							93						
44	1							94						
45	1							95						
46	1							96						
47	1							97						
48	1							98						
49	1							99						
50	1							100						
TOTAL IND.		↓		↓		↓		TOTAL IND.	6	↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.	24	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS	30					